LOUISIANA ETHICS ADMINISTRATION CAMPAIGN FINANCE RECEIVED

2011 MAY 19 PM 1: 24 PERSONAL FINANCIAL DISCLOSURE "TIER 2.1"

LSA-R.S. 42:1124.2.1	
[A[A]A[A], 1041 AZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZ	port Covers Calendar Year 20 10
☐ I hold multiple offices/positions that fall under Tier 2.1 and/or would require	a filing under Tier 3. If this
box is checked, filer must complete Schedule E.	
Full Name of Filer: ANDREW WONG	
Mailing Address: 834 LAKESHORE PARKULAY	Apt. #
Street A A	701Z4
New URLEANS LA	Zip Code
Name of Board or Commission MOLA BUSINESS ALLIANCE	•
	7 01
Date of Annointment Novela 2010 Expiration of Appointment Novela	ser zon
Full Name of Spouse: Doungsmorn Busyarusmee	
Spouse's Occupation: Size CM(PLOY	·
Spouse's Principal Busines: Address, if any:	
18/43 RAX INTRA ROAS	
Street.	Suite #
BANGKOK TRACLAND	75.0-4-
City	Zip Codc
Select One: (A) I certify that I have filed my federal income tax return for the previous ye	
(A) I certify that I have filed for an extension of my federal income tax return	for the previous year.
Select One: (B) I certify that I have filed my state income tax return for the previous year.	
(B) I certify that I have filed for an extension of my state income tax return for	r the previous year.
I do hereby certify that neither I nor any member of my immediate for interest in any entity, contract, or business, or a personal or financiposes a conflict of interest, which would affect the impartial performance.	ial relationship, that in any way
OR	
I have attache: a statement describing each conflict and action I an conflict.	n taking to resolve or avoid this
CERTIFICATION OF ACCURACY	
I do hereby certify that the information contained in this personal financ correct to the best of my knowledge and belief.	ial disclosure form is true and
Signature of Filer	

Page 1 of 7

SCHEDULE A EMPLOYMENT INFORMATION

disclose the name of the employer, job title, a brief description of the job descript individual or spouse.	· · · · · · · · · · · · · · · · · · ·	Full-time	
ployer Name TREEN RICE LLC	Job Title	C € Ø	
Description Hawalat THE COMPAW-			
Filer Spouse		☐Full-time	Part-time
ployer Name BACK HOME CONSTRUCTION LLS	Job Title	Member	
Description IN ACT (VE	- A		
Filer Spouse		Full-time	Part-time
oployer Name CN LL INTERNATIONAL TEADING	Job Title	WEHREIS	
Description			
Filer Spouse		Full-time	Part-time
nployer Name CAGE DE CINQ BANGKOK THALL	A Diob Title	ONNER	
Description MANAGE THE RESTAURANT			
Filer Spouse		Full-time	Part-tim
nployer Name Merces S BENE RAM WIRA PANEKA	/ Job Title	DIRECTOR	1.1111111111111111111111111111111111111
b Description Description	· · · · · · · · · · · · · · · · · · ·		
Filer Spouse		Full-time	Part-tim
mployer Name	Job Title		

SCHEDULE B INCOME FROM THE STATE, POLITICAL SUBDIVISIONS,

Check if Not Applicable AND/OR GAMING INTERESTS

The name, address, type, and amount of each source of income received by you or your spouse, or by any business in which you or your spouse, either individually or collectively, owns an interest which exceeds ten percent of that business, which is received from any of the following:

the state or any political subdivision (see instructions for examples) as defined in Article VI of the Constitution of Louisiana;

services performed for or in connection with a gaming interest as defined in R.S. 18:1505,21,(3)(a).

Note: For this page ONLY, the "amount of income" must be reported as an exact dollar figure-

Piler Spouse	Business		Amoun	et of Income \$
Name of Business, if app	olicat ie			
Name of Source of Incom	ne			
Type of Income:	State	Political Subdivision	☐Gaming Interest	
Address				
Street				Suite #
City	<u>, , , , , , , , , , , , , , , , , , , </u>		State	Zip Code
Filer Spouse	Business		Amou	nt of Income \$
Name of Business, if ap	ntinabla	v - 1		
14king of Dusiness, it ap	hiteaure			
Name of Source of Inco				
Name of Source of Inco		Political Subdivision	Gaming Interest	
Name of Source of Inco	me	Political Subdivision	Gaming Interest	
Name of Source of Inco Type of Income:	me	Political Subdivision	Gaming Interest	Suite #
Name of Source of Inco Type of Income: Address	me		Gaming Interest	Suite # Zip Code
Name of Source of Inco Type of Income: Address Street City	me ☐State		State	_
Name of Source of Inco Type of Income: Address Street City	me State		State	Zip Code
Name of Source of Inco Type of Income: Address Street City Filer Spouse	me State State Business splicable		State	Zip Code
Name of Source of Inco Type of Income: Address Street City Piler Spouse Name of Business, if ap	me State State Business splicable		Stare Amou	Zip Code
Name of Source of Inco Type of Income: Address Street City Pilor Spouse Name of Business, if ap Name of Source of Inco Type of Income: Address	State State Business plicable		Stare Amou	Zip Code nt of Income \$
Name of Source of Inco Type of Income: Address Street City Piler Spouse Name of Business, if ap Name of Source of Inco Type of Income:	State State Business plicable		Stare Amou	Zip Code

SCHEDULE C POSITIONS - BUSINESS

iler Spouse Both		Amount of Interest	37.5
me of Business TARRAIN RICE L	10		
dress 3600 ST CHARLES AVE	N. M.		101 ite#
Street			70(区
New DRUEPWS	State		p Code
City	Pilito		•
siness Description MANICETALE, Pr	ce		
MARKETING RU			
- DW CENT			
Filer Spouse Both		Amount of Interest	25%_
one of Rubinses		110	
me of Business BACIS Home C	DIVERBUCTION	Cilia	
Marage 737 24			
dress 3600 ST CKARLES QUE		Q ₁₁	101
Street	()	· · · · · · · · · · · · · · · · · · ·	ite#
	LA State	· · · · · · · · · · · · · · · · · · ·	
Street	L A State	· · · · · · · · · · · · · · · · · · ·	ite #
Street N City Description	State	· · · · · · · · · · · · · · · · · · ·	ite #
Street NO City Siness Description C6 OTE ACTOR	State	· · · · · · · · · · · · · · · · · · ·	ite #
Street NO City Siness Description C6 OTE ACTOR	State	· · · · · · · · · · · · · · · · · · ·	ite #
Street NO City siness Description CONTRACTOR sture of Association MIMBER	State	· · · · · · · · · · · · · · · · · · ·	ite# 10\LS ip Code
Street NO City siness Description CONTEACTOR sture of Association MINEER Filer Spouse South		Zi Zi Amount of Interest	ite# 10\LS ip Code
Street NO City siness Description CGNTKACTOR sture of Association MINKER Filer Spouse Both ame of Business CA W INTERNA		Zi Zi Amount of Interest	ite# 10\LS ip Code
Street NO City siness Description COUTE ACTOR nure of Association MINER		Amount of Interest	ite# ONS ip Code
Street NO City Siness Description CGUTEACTOR Struct ASSociation MINECK Filer [Spouse] Both ame of Business C N W NTEKNA		Amount of Interest	ite# 10\LS ip Code

SCHEDULE C POSITIONS - BUSINESS

Filer	Spouse W Both	An	nount of Interest	<u>/00 %</u>
Name of	Business CAFE D& C	NQ		
Address	18/43 PAM INTER	ROAD	Suite #	
	Bany Kol-	THAILAND	Zip Co	de
Business	Description RESTAULANT			
Nature of	Association			
Filer	Spouse Bo(Ai	mount of Interest	%
Name of	Business		Western Company of the Company of th	<u> </u>
Address	w.*			The state of the s
	Street		Suite #	
	City	State	Zip Co	ode
Business	Description			
Nature o	Association			
Filer	Spouse Both	A	mount of Interest	%
Name o	Business			
Address				
	Street		Suite #	
	City	State	Zip Co	ode

SCHEDULE D POSITIONS - NONPROFIT

Check if Not Applicable	to a disease of Afficer
he name, address, brief description of, and nature of association with a nonprofit organization in which	ch you or your spouse is a director or officer.
Filer Spouse	•
Name of Organization ASIAN CHARLER OF COMMERCE	OF LOUISIAND
De Ac October 200	
Nature of Association PROMOTE ASIAN QUIN BUSINES	7.5
Address 3500 N. CAUSEWAY BLVD,	/ <u>/</u> / / / / / Suite #
677,508	
City State	7000 Z Zip Code
·	
Organization Description FRONTE ASIAW DWW BUSINE	27
Filer Spouse	
Name of Organization	The state of the s
Nature of Association	
Address Street	Suite #
Sifeet	- "
City State	Zip Code
Organization Description	
Filer Spouse	
Name of Organization	
Nature of Association	
A.ddress Street	Suite #
City State	Zip Code
Organization Description	
Organization Description	

SCHEDULE E OTHER OFFICES/POSITIONS

	OTHER OFFICES/POSITION
Check if Not Applicable	

Please set forth below any and all other office/positions held which would require multiple filings under Section 1124.2.1 (Tier 2.1) and/or a filing under Section 1124.3 (Tier 3) of the Code of Governmental Ethics. Please note that only one financial disclosure report shall be filed by the filer and such report shall be filed under the highest Tier (with Tier 1 being the highest, then Tier 2, then Tier 2.1 and Tier 3 being the lowest).

AWE OF POSITION OR OFFIC			
		NAMES OF THE PARTY.	
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SCHEDULE F CONTRIBUTIONS

Check if Not Applicable

Any filer required to file a La R S. 42:1124.2.1 personal financial disclosure statement and who is appointed to a state board or commission and who made a contribution in excess of \$1,000 to a campaign of the official who appointed the filer shall disclose: 1) the date of appointment; 2) any compensation provided for such position; 3) the name of the candidate to whom a contribution or loan in excess of \$1,000 was made; and 4) the amount of any such contribution or loan.

made within one (1) year of appointment are required to be disclosed.

	Candidate Name:
Date of Appointment:	Candidate Name:
Compensation:	Amount of contribution or loan:
Date of Appointment:	
Compensation:	Amount of contribution or loan:
Date of Appointment:	
Compensation:	Amount of contribution or loan:
Date of Appointment:	
Compensation:	Amount of contribution or loan:
Date of Appointment:	Candidate Name:
Compensation:	
Date of Appointment:	
Compensation:	Amount of contribution or loan:

Compensation:

Date of Appointment:

Compensation:

SCHEDULE F **CONTRIBUTIONS**

Check if Not Applicable Any filer required to file a La R.S 42:1124.2-1 personal financial disclosure statement and who is appointed to a state board or commission and who made a contribution in excess of \$1,000 to a campaign of the official who appointed the filer shall disclose: 1) the date of appointment; 2) any compensation provided for such position; 3) the name of the candidate to whom a contribution or loan in excess of \$1,000 was made; and 4) the amount of any such contribution or loan. * Only those contributions or loans made within one (1) year of appointment are required to be disclosed.

* See the instruction page for applicable definitions.

Date of Appointment: 4:20/0	Candidate Name: Mixon Landicu Po-cleuti
Compensation: - O -	Amount of contribution or loan: 2500
Date of Appointment:	Candidate Name:
Compensation:	Amount of contribution or loan:
Date of Appointment:	Candidate Name:

Amount of contribution or loan:

Date of Appointment:	Candidate Name:
Compensation:	Amount of contribution or losn:
Date of Appointment:	Candidate Name:
Compensation:	Amount of contribution or loan:

Candidate Name:

Amount of contribution or loan:

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